Approved for use through 7/31/2006. OMB 0651-0032
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PATEN	T APPLICATION FI Substitute f	E DETERMINAT or Form PTO-875	ION	RECORD	formation unl	Applica	ays a valid OMB tign or Docket	control number
c	LAIMS AS FILED - P/ (Column 1)	ART I (Column 2)		SMALL	ENTITY	OR		R THAN ENTITY
FOR	NUMBER FILED	. NUMBER EXTRA	7	RATE	FEE ·	7		T
BASIC FEE (37 CFR 1.16(a))			7	10.12		1	RATE	FEE
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	•	-		\$	OR	<b> </b> -	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))			-	× s=	ļ	OR	x \$=	
	minus 3 =	·	4	x \$=		OR '	x3=	<u> </u>
MULTIPLE DEPENDENT CI	LAIM PRESENT (37 CF	R 1.16(d))	╛	+ \$=		OR	+ \$ =	
* If the difference in column	n 1 is less than zero, enter "C	in column 2.		TOTAL		OR	TOTAL	
1-20-15	IS AS AMENDED - PA						OTUES	
		Column 2) (Column 3)	<b>-</b> 1	SMALL E	NTITY	OR .	OTHER SMALL	ENTITY .
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PIRST PRESENTATION	OF MULTIPLE DEPENDENT CL	AIM (37 CFR 1.16(d))	ا ل	+ \$=		OR	+ \$=	/.
13-14-15	8/49/55	168/74	7	TOTAL ADD'L FEE	$\mathcal{L}$	OR	TOTAL ADD'L FEE	
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20 32 3	OF MULTIPLE DEPENDENT CLA	JM (37 CFR 1.16( <b>(</b> ))	L	+ \$=		_	+ \$=	
10-3/-06	8177 25	168,74		TOTAL ADD'L FEE			TOTAL ADD'L FEE	
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FIRST PRESENTATION C	F MULTIPLE DEPENDENT ÇLA	M (37 CFR 1.)6(d))		<u> </u>	/-		s=	
		7-1-11		OTAL	<u> </u>		S =	
If the entry in column 1	is less than the entry in colu	Tin 2, write "0" in column 3	, ,	DO'L FEE			DD'L FEE	·
" If the "Highest Number	Previously Paid For" IN THIS Previously Paid For" IN THIS	SPACE is less than 20, 6	enter "				,	• ]
The "Highest Number P	reviously Paid For" (Total or	Independent) is the higher	ot num					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT A	APPLICATIO Effectiv		er 10, 1998	ON RECO	ND		29.Hb2	729		
CLAIMS AS FILED - PART I (Column 1) (Column 2)				•	SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY			
FC	R	NUMBE	R FILED	NUMBER	EXTRA	Г	RATE	FEE	1 1	RATE	FEE
ВА	SIC FEE							380.00	OR		760.00
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INDEPENDENT CLAIMS minus 3		) = •		ı	X39=		OR	X78=			
IU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				120-			+260=	
H	the difference	in column 1 is	less than zer	ro, enter "0" in o	column 2	L	+130=		OR	TOTAL	875
••		/	MENDED				TOTAL		OR	OTHER	
Q	2-5-00	(Column 1)	MENDED	(Column 2)	(Column 3)		MALL	ENTITY	OR	SMALL	
		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						t	+130=		OR	+260=	/
0	40116,					L	TOTAL	/		TOTAL	/
	7-2-04	(Column 1)		(Column 2)	(Column 3)	AD	OIT. FEE		JON	ADDIT. FEE	
	iv U I	CLAIMS REMAINING AFTER AMENDMENT	6-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 50	Minus	m 24	= 28		X\$ 9=	/	OR	X\$18=	504
	Independent	. 7	Minus	*** 3	· 4'		X39=	/	OR	X78=	344
_	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM	A ,	-	. 400	/	1	+260=	
C	15/54	18/44 <sub>/</sub>	Jy 60	8/74		L	+130= TOTAL	/	OR	TOTAL	848
/	20/06	· ' /				AD	DIT. FEE	L	OR	ADDIT. FEE	ULB
¥	-180K	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)			ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE	17	RATE	TIONAL FEE
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1	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM	A /	L	X39=		OR	X/8=	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+260=

TOTAL ADDIT. FEE